i <b>Filed</b> mat	R 6 195 <b>0</b>	STANDARD CER	TIFICATE OF DE	:AIH Sta	te File No.
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BIRTH NO		_ REG. DIST. NO12	PRIMARY REG. DIST		istror's No. 215
I. PLACE OF DEA	Aтн Buchanan		II & STATE .	DENCE (Where deceased b. Co	lived. If institution: resk DUNTY Buchanar
b. CITY (If outside ea		URAL and give   C. LENGTH	<del></del> 1	80UP1 corporate limits, write RURAL	<u>Buonanar</u>
TOWN Eas	ton Town	township STAY (in this )	OR TOWN Ea	ston	and give township)
4. FULL NAME OF HOSPITAL OR INSTITUTION	in not in hospital or it 本本本本本	netitution, give street addrain or locati	d. STREET ADDRESS	(If tural, give location)	()
3. NAME OF DECEASED	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH	(Month) (Day)
(Type or Print)		FRANKLIN	K ERNS		<u> 2 30 5</u>
5. SEX M <sub>2</sub> le √	COLOR OR RACE	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED, (Special Control of C	0, 8. DATE OF BIRTH	l land blockeder	yane of moor i year of m y) Months Days Hou
10a. USUAL OCCUPATION domedizing must of world F8 PIRO P	ON (Give kind of work) ag Ille, even if retired)	106. KIND OF BUSINESS OR DUST	IN- IRY Easton.		12. CITIZEN COUNTRY USA
13a. FATHER'S NAME		13b. MOTHER'S MAI	DEN NAME	14. NAME OF HUSBA	ND OR WIFE
WILLIAM	K ERNS	Elizabel	th Degal	Mary Ell	en Kerns
15. WAS DECEASED EVE (Yes, no. or unknown) (II	R IN U.S. ARMED I	of service)	ITY IT. INFORMANT	S SIGNATURE OR	
N CO I				* • *	
		none	- Maske Vie		
18. CAUSE OF DEATH Enter only onecome per line for (a), (b), and (c)	I. DISEASE OR CO	MEDICA		temouh	Easton M INTERVAL ONSET AN
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean	DIRECTLY LEADS ANTECEDENT CA	ONDITION ING TO DEATH (a)	- Maske Vie	tacurouh Selvoria	INTERVAL ONSET AN
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	ded on the reverse side of this certificate was embalmed by me, or by
****	Student Embalger No. *****
working under my personal supervision.	
**	Signed W. Commerficed

3007

Licensed Embalmer No.....

P. O. AddressStewartsville, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

Student Embalmer